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TO:	Examiner Krystyna Suchecki U.S. Patent and Trademark Office	571-273-8300	571-272-2495

FROM:	Sheila A. Badon sheila.badon@bingham.com	(650) 849-4800	(650) 849-4400
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PAGES: (INCLUDING THIS COVER PAGE): 17

RE: U.S. Patent Application Serial No: 10/656,438
 Entitled: RADIATION PROCESS AND APPARATUS
 Filed: September 5, 2003
 Attorney Docket No. VM7010742001

MESSAGE:

Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a)):

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Dated: August 7, 2006

Name of Person Certifying: Sheila Badon

Printed Name: Sheila Badon

Enclosed:

- Transmittal (1 pg.);
- Fee Transmittal (1 pg.);
- Petition for Extension of Time (1 pg.);
- Amendment and Response to Office Action (13 pgs).

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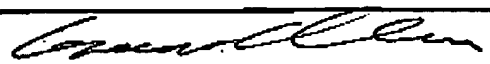
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/656,438	
	Filing Date	September 5, 2003	
	First Named Inventor	Edward J. Seppi	
	Art Unit	2882	
	Examiner Name	Krystyna Suchecki	
Total Number of Pages in This Submission	16	Attorney Docket Number	VM7010742001

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (13 pgs). <input type="checkbox"/> After Final (pgs). <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Formal Drawing(s) (sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to Correct Inventorship <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet to Examiner
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Bingham McCutchen LLP		
Signature			
Printed Name	Gerald Chan		
Date	August 7, 2006	Reg. No.	51,541

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Sheila Badon	Date	August 7, 2006

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PA/52187190.1/2018721-7010742001

PTO/SB/17 (12-04v2)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL for FY 2006		Application Number	10/656,438
		Filing Date	September 5, 2003
		First Named Inventor	Edward J. Seppi
		Examiner Name	Krystyna Suchecki
		Art Unit	2882
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	VM7010742001
TOTAL AMOUNT OF PAYMENT (\$)		120.00	

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
- ☒ Deposit Account Deposit Account Number: 502518 Deposit Account Name: Bingham McCutchen LLP
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- Under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee Paid (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims		
Extra Claims		
Fee (\$)		
Fee Paid (\$)		
-20 or HP= _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
Extra Claims		
Fee (\$)		
Fee Paid (\$)		
- 3 or HP= _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time (One Month)

Fees Paid (\$)

120.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	51,541	Telephone	650-849-4960
Name (Print/Type)	Gerald Chan	Date	August 7, 2006		

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